

# CHANGE NOTICE FOR MANUAL NO. 03-20 COMMUNITY ALTERNATIVES PROGRAM (CAP)

**DATE: JULY 1, 2020**

**Manual:** Family and Children's Medicaid  
**Change No:** 03-20  
**To:** County Directors of Social Services

## **I. BACKGROUND AND CONTENT OF CHANGE**

The Division of Health Benefits (DHB) has updated Medicaid Policy to provide procedures and clarity in MA-3260, Community Alternatives Program. The policy revision is defined in the following section.

## **II. POLICY UPDATE**

### **MA-3260. VIII. B. Termination of CAP Services**

Policy is updated to provide clarification regarding the receipt of the DHB-2193 when CAP services terminate and when to send a timely notice versus an adequate notice.

- A. The CAP Lead Agency will notify the local agency that CAP is to be terminated by sending the DHB-2193 Memorandum of CAP Waiver Enrollment form.**
- B. When CAP services are terminating and the beneficiary remains eligible for Medicaid, an adequate DSS-8110, Notice of Modification, Termination, or Continuation of Public Assistance must be sent.**
- C. When CAP services terminate and this results in ineligibility for Medicaid or results in a Medicaid deductible, a timely DSS-8110, Notice of Modification, Termination, or Continuation of Public Assistance must be sent.**

**During the COVID Emergency, do not terminate Medicaid benefits or place the applicant/beneficiary in deductible status.**

## **III. EFFECTIVE DATE AND IMPLEMENTATION**

The local agencies will continue the procedures in the [DHB Administrative Letter 01-20: Medicaid/NCHC Procedures for COVID-19 and Addendum 1 letters](#). **The local agencies will not react to changes in circumstance that will result in any reduction or termination of benefits.**

**Except as noted above in II. C., this change is effective July 1, 2020.**

If you have any questions regarding information in this letter, please contact your [Medicaid Operational Support Team Representative](#).

DocuSigned by:

*Dave Richard*

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Dave Richard

Deputy Secretary, NC Medicaid